

AshleyWilliams Counseling, Inc.

10900 E. 183rd St. Suite 105, Cerritos, CA. 90703

Main: (855) 530-1615 / Fax: (562) 275-8311

therapy@ashleywilliams counselinginc.com

Adult Checklist of Concerns

Name: _____ DOB _____ Age: _____ Date: _____

Person completing this form: _____ Relationship: _____

Please mark all of the items below that apply, and feel free to add any others at the bottom under "Any other concerns or issues." You may add a note or details in the space next to the concerns checked. (For a child, mark any of these and then complete the "Child Checklist of Characteristics.")

- I have no problems or concerns bringing me here
- Abuse—physical, sexual, emotional, neglect (of children or elderly persons), cruelty to animals
- Aggression, violence
- Alcohol use
- Anger, hostility, arguing, irritability
- Anxiety, nervousness
- Attention, concentration, distractibility
- Career concerns, goals, and choices
- Childhood issues (your own childhood)
- Codependence
- Confusion
- Compulsions
- Custody of children
- Decision making, indecision, mixed feelings, putting off decisions
- Delusions (false ideas)
- Dependence
- Depression, low mood, sadness, crying
- Divorce, separation
- Drug use—prescription medications, over-the-counter medications, street drugs
- Eating problems—overeating, undereating, appetite, vomiting (see also "Weight and diet issues")
- Emptiness
- Failure
- Fatigue, tiredness, low energy
- Fears, phobias
- Financial or money troubles, debt, impulsive spending, low income

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- Friendships
- Gambling
- Grieving, mourning, deaths, losses, divorce
- Guilt
- Headaches, other kinds of pains
- Health, illness, medical concerns, physical problems
- Housework/chores—quality, schedules, sharing duties
- Inferiority feelings
- Interpersonal conflicts
- Impulsiveness, loss of control, outbursts
- Irresponsibility
- Judgment problems, risk taking
- Legal matters, charges, suits
- Loneliness
- Marital conflict, distance/coldness, infidelity/affairs, remarriage, different expectations, disappointments
- Memory problems
- Menstrual problems, PMS, menopause
- Mood swings
- Motivation, laziness
- Nervousness, tension
- Obsessions, compulsions (thoughts or actions that repeat themselves)
- Oversensitivity to rejection
- Pain, chronic
- Panic or anxiety attacks
- Parenting, child management, single parenthood
- Perfectionism
- Pessimism
- Procrastination, work inhibitions, laziness
- Relationship problems (with friends, with relatives, or at work)
- School problems (see also “Career concerns ...”)
- Self-centeredness

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- Self-esteem
 - Self-neglect, poor self-care
 - Sexual issues, dysfunctions, conflicts, desire differences, other (see also "Abuse")
 - Shyness, oversensitivity to criticism
 - Sleep problems—too much, too little, insomnia, nightmares
 - Smoking and tobacco use
 - Spiritual, religious, moral, ethical issues
 - Stress, relaxation, stress management, stress disorders, tension
 - Suspiciousness, distrust
 - Suicidal thoughts
 - Temper problems, self-control, low frustration tolerance
 - Thought disorganization and confusion
 - Threats, violence
 - Weight and diet issues
 - Withdrawal, isolating
 - Work problems, employment, workaholism/overworking, can't keep a job, dissatisfaction, ambition
 - Other concerns or issues: _____
-

Please look back over the concerns you have checked off and choose the one that you most want help with. It is:

Any other characteristics:

Please look back over the concerns you have checked off and choose the one that you most want to be helped with and circle it.

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited